

Return Forms to Activity Center!

City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Green Meadows Petting Farm!

Friday, October 5, 2018 // 12:55-5:30pm

Cost

\$13 Res.
\$20 Nonres.

Leaves from Activity Center at Bohrer Park (ACBP), but all are welcome!

Pick up at Activity Center at Bohrer Park by 5:30pm

*NOTE: we will leave ACBP at 2:00pm for the field trip

** Parents are required to provide transportation to the Activity Center

Activity Center is located at 506 S. Frederick Ave in Gaithersburg

- Need an animal fix? Join us for a day of fun on the farm, petting farm animals in the country!
- Registration is limited to the first 60 participants
- Please make sure your child has eaten lunch BEFORE program.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

For 1st-5th graders!

Questions? Contact Sydney Zintchem at 301-258-6350 or Sydney.zintchem@gaithersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress

Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards accepted.



Gaithersburg
A CHARACTER COUNTS! CITY

Petting Farm Registration Form

Activity # 6895

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Participant's Name	Sex	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	09/02/10	Petting Farm		ACBP	1	RCES	\$
			Petting Farm		ACBP			\$
			Petting Farm		ACBP			\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list: ☐ Y ☐ N

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made 2 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____

Visa/MC/AMEX/Disc# _____ Exp. Date ____/____/____

Signature (name on card) _____

Print Name _____

Office Use Only: # 6895

Rec'd: _____ Initials _____

W M F Resident: Y N

Pr: _____ Date _____

